Initial Application	
Amended Application	



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
COSCH (office use only)

17-265-CT

AUG 27 P3:44 19

COMMITTEE TYPE (choose	e one):
☐ Candidate	OFFICE OF THE
Committee Name (required (first or last name & office)	DI: CITY CLERK
Candidate Information:	Candidate's Name (required):
	Candidate's Name (required): Candidate's mailing address (required):
	Candidate's mailing address (required): Candidate's email address (required):
	Candidate's email address (required):
	Candidate's phone number (required): Candidate's website (if any):
Office Sought (choose one):	: ☐ Mayor ☐ Council Member, Ward
Election Cycle for Office Sou	ught (year the election will take place) (required):
Party Affiliation: (required)	☐ Democrat ☐ Libertarian ☐ Republican ☐ Other:
□ Political Action Com	mittee (PAC)
Political Function (optional):	T Constitution
(select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required): Sponsor's email address (required):
	Sponsor's email address (required): Sponsor's phone number (if any):
	Sponsor's phone number (if any):
Special Status must be filed	
if applicable)	
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
Political Party	Libertarian
Committee Name (required): must include party affiliation)	Pima County Liberarian Party
urisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	PIOU OI QUALIFICATION DUISUANI TO A D.C. 5.10 CO.
į	
ĺ	☐ Legislative District Party (must include proof at a
ĺ	 □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Initial Application
Amended Application

Date:



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

17-265-CT

COMMITTEE INFORMATION:

Contact Information	Committee's mailing address (required):	PO Box 11, Tucson, AZ 85702
	Committee's email address (required).	pclp_chair@pimalp.org
	Committee's phone number (if any):	
	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required):	Laila F. Aussie
	Chairperson's physical address (required)	242 E Pastime Rd, 85705
	Chairperson's mailing address (if different): _	
	Chairperson's email address (required):	pclp_chair@pimalp.org
	Chairperson's phone number (required):	
	Chairperson's employer (required):	Aussie Accounting and Tax, PC
	Chairperson's occupation (required):	Accountant
Treasurer's Information:	Treasurer's name (required):	Scott Stewart
		8401 E Appomattox St, 85710
	Treasurer's mailing address (if different):	
	Treasurer's email address (required):	
	Treasurer's phone number (required):	
	Treasurer's employer (required):	Control Vision, Inc.
	Treasurer's occupation (required).	
Bank or Financial Institution:	Bank name (required).	Wolle Force
(do not list acct numbers)	Additional bank name (if applicable):	
	Additional bank name (if applicable):	
DECLARATION AND SIGNATU	JRES:	
I declare under penalty of penalty of penalty of penalty of the	erjury that the foregoing information is true ar	nd correct. I further declare that I: (1) consent to serve as
committee and authorize it to	recovering the section of	signate the above-named committee as my official candidate
campaign finance and reporting	no quido: (4)	y bendin, in applicable; (3) have read the Secretary of States
address(es) provided herein	and legal services and legal services	ction law, including campaign finance laws codified at A.R.S. vice of process for campaign finance purposes via the email
1 (. 4	
	ation of the state	1
Chairperson's signature		Date 8 25 19
Treasurer's signature:	of CI forces	8/2-1
o o g militio		F Date 8/25/19
	. 1 1	
Candidate's signature (if applic	able)N/H	Date
		Date